



Knowsley's
Threshold of
Need Guidance **2016**

www.knowsleyscb.org.uk



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Welcome

Knowsley Safeguarding Children Board - Threshold Guidance

Children and their families have different levels of need and these may change over time.

This Threshold Guidance has been compiled by the Knowsley Safeguarding Children Board and partners to meet requirements of the Government's statutory guidance "Working together to safeguard children 2015" and replaces all previous threshold information. It is designed to help identify when a threshold - or trigger - has been reached, indicating when a child or family might need support and then to identify where best to get this support from.

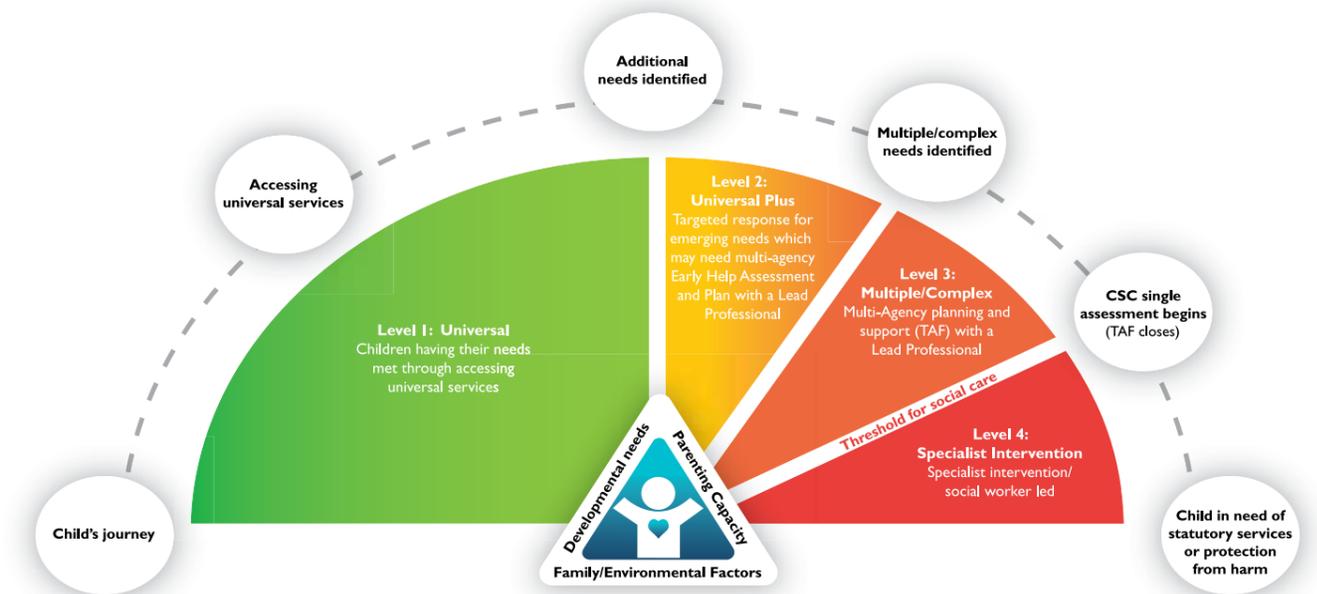
If you have concerns about a child who may be in immediate need of protection please contact **MASH on 0151 443 2600** and the Police on 999.

Threshold of Need - The Windscreen Model

Who is this document for?

- Professionals who are in contact with children and families who have a concern about a child and want to know how they should help them
- All children's service providers to provide clarity on thresholds and to enable them to be consistent in how they support children who are referred to them
- Anyone who has concerns about a child

It should be noted that professionals from all agencies working with children have a shared responsibility to keep them safe and provide effective, efficient and co-ordinated services to support their health and well being.



Understanding Thresholds

The diagram above illustrates the different thresholds of need and appropriate responses.

Level 1 - All children accessing mainstream services with low-level need that can be met by a single agency.

Level 2 - Children with emerging needs or low level CSE concerns that can be met with the support of a multi-agency Early Help Assessment and Plan.

Level 3 - Children with multiple or complex needs including medium risk of CSE have to be met by targeted services or by a multi-agency Early Help Assessment or by other specialist assessments e.g. CSE Measurement Tool / Education Health Care Plan.

Level 4 - Children who present with acute needs / risk. Including high level CSE concerns / risk. They will require specialist social worker or multi-agency statutory response.

Understanding thresholds and how they relate to the support of identified needs is vital to providing a solid, integrated intervention that will help children to achieve their full potential. As the needs of children change we provide 'the right intervention and help at the right time'. A smooth transition through the continuum is essential to support their journey from needing, to receiving the help and support they require. It is vital that children and their families receive the support they need regardless of where they live or how accessible services are to them.

Children can move from one level to another, and as they do, their needs, as well as supplemental services, will either increase or decrease. Movement between levels of services should happen fluidly by ensuring that information is shared appropriately and that evidence of involvement and interventions are recorded systematically.

Early Help

Level 2 & 3

Identifying children and families who would benefit from an Early Help Assessment.

Intervening early can be critical to achieving positive outcomes for children. The Children Act (2004) states our Statutory Duty to co-operate, it emphasises the need for Local Authorities and relevant partners to work together to meet children's needs. Early Help Assessment process can be instigated by anyone who has low level concerns about a child or anyone who identifies emerging needs or more complex needs, where a single agency has been unable to meet that need. When an Early Help Assessment is required, a multi-agency Team Around the Family (TAF) meeting will need to be arranged to ensure that a multi agency action plan can be developed. It is important that the child and parent voice is captured as part of the Early Help Assessment process and that they have ownership of their action plan. The plan should then be reviewed at regular periods, normally up to six to eight weeks, until outcomes have been achieved.

If at any point during the Early Help Assessment process risk is increased and you are concerned that the child that you are supporting is suffering significant harm or is likely to suffer significant harm then a referral should be made to Children's Social Care.

Professionals should consider the need for an Early Help Assessment for a child who is for example:

- Showing early signs of neglect
- Disengaged from education, has poor attendance
- Displaying behaviours which impact on their emotional and physical wellbeing such as alcohol misuse or missing from home
- At risk of exploitation (criminal or sexual)
- Showing signs of engaging in anti-social or criminal behaviour
- Living in a family where there are challenges for the child, such as substance misuse, adult mental health and domestic abuse
- Disabled and has specific additional needs
- Has special education needs

If a family does not agree to an Early Help Assessment, the professional involved in the child's case will speak with their respective manager or safeguarding lead to determine if a professional referral to Children's Social Care might be necessary as a result of this.

If you require any further information about the Early Help Assessment process in Knowsley please contact the Early Help Team on 0151 443 4707.

More information about Early Help Assessments in Knowsley can be found at:
www.knowsleyinfo.co.uk

For further information or guidance about thresholds see **Appendix 2: Thresholds of Need Indicators.**



Children with a Disability

Level 1, 2, 3 & 4

Children with disabilities are defined as children aged 0-18 years whose daily lives are substantially impaired by one or more of the following:

- A hearing impairment
- A visual impairment
- A learning disability defined in an Education Statement
- A physical disability
- A chronic / life threatening or life limiting physical illness
- A communication disorder (including autism)
- A consciousness disorder (eg. epilepsy)

Some of the above might not be immediately obvious and can be 'hidden'. Practitioners should be mindful of this possibility when assessing children's needs.

Substantial impairment is defined as lasting more than 6 months. Children with disabilities who are substantially affected as described above are entitled to an assessment of their needs.

Services for children with disabilities with less complex needs at Levels 1-3 may be accessed from universal services or from community based organisations either directly or through a co-ordinated Early Help approach.

Children's Services Children with Disabilities team provides services at Level 4, for children with more complex needs related to disability and substantial impairment under Section 17 of the Children Act 1989 for:

- Children with severe learning difficulties
- Children with multiple or severe disability
- Children with a life limiting illness
- Children with complex physical disability

In addition, parents or carers of children with a disability whom have been assessed as meeting Level 4 interventions will also receive standalone parent / carer assessment of their needs and how these can be met.

For further information or guidance see **Appendix 3: Disability Needs Matrix.**

Children in Need

Level 4

Children in need of help

The Children Act (1989) Section 17, states that a child shall be considered In Need if:

- They are unlikely to achieve, maintain or have the opportunity of achieving or maintaining a reasonable standard of health or development without the provision of services by a local authority
- Their health and development is likely to be significantly impaired, or further impaired, without the provisions of such services

Complex or serious needs, where without Social Care Intervention, a child would be at risk of significant harm, require a specialist in-depth assessment and case co-ordination by a social worker.

This can include issues that need to be resolved urgently or may include support for vulnerable children who are in private fostering arrangements, children with a disability and who have complex needs. It might also include children who have special educational needs, vulnerable young carers or who have committed a crime. This is known as a Child & Family Assessment.

Before serious or complex needs are identified, most children will have an Early Help Assessment, plan and review to address issues at an earlier stage. If positive change has not been achieved or sustained by this support a referral to Children's Social Care would be appropriate. In cases such as this, the Early Help Assessment and subsequent action plan and review documents will contribute to the Local Authorities Child & Family Assessment, and analysis of the current individual or family situation.

Private Fostering

A Private Fostering Arrangement is a private arrangement made for the care of a child under the age of 16 or 18 if disabled, to be cared for by someone other than a parent or close relative with the intention of the arrangement lasting 28 days or more. It is deemed private as it does not involve the Local Authority. However, being cared for within a private fostering arrangement means that these are children in need, as their own family are no longer providing care. As such, Children's Social Care need to be informed of arrangements so they can assess the situation and put strategies in place.

For further information or guidance about thresholds see **Appendix 2: Thresholds of Need Indicators.**

Children in Need of Protection

Level 4

Section 47 Enquiries of The Children Act 1989

The Children Act (1989), Section 47 states that where a Local Authority:

- a) Is informed that a child who lives or is found in their area'
 - i. Is subject of an emergency protection order
- Or
- ii. Is in police custody

- b) Has reasonable cause to suspect that a child who lives or is found in their area is suffering, or likely to suffer, significant harm

The authority shall make, or cause to be made, such enquiries as they consider necessary to enable them to decide whether they should take action to safeguard or promote the child's welfare.

Evidence shows that a single traumatic event can cause significant harm to a child but more often it is a build up of significant events, both severe and long-term, which interrupt, change or damage the child's physical and psychological development. It may also include serious events such as forced marriage, female genital mutilation or serious self-harm.

Where there is an immediate need to protect a child because there is reasonable cause to suspect that the child is at risk then a contact must be made with Children's Social Care and the Police immediately.

Child protection concerns include where there is reason to believe that a child is being:

- Subjected to physical abuse
- Subjected to emotional abuse
- Subjected to sexual abuse
- Subjected to or witnessing domestic abuse
- Subjected to neglect which has impacted on the physical and emotional wellbeing of the child

In all of these circumstances an Early Help Assessment would not be an appropriate initial response.

Where there are child protection concerns a strategy discussion involving the Local Authority, Police, Health and other relevant agencies must take place to decide whether a Section 47 enquiry is required.

The section 47 enquiry is undertaken by the Local Authority, with the help of other organisations to find out what is happening to the child and to consider whether protective action is required, including the need for legal action.

For further information or guidance about thresholds see **Appendix 2: Thresholds of Need Indicators.**



Information Sharing

Effective sharing of information between professionals and local agencies is essential for effective identification, assessment and service provision.

Early sharing of information is the key to providing effective early help where there are emerging problems. At the other end of the continuum, sharing information can be essential to put in place effective child protection services. Serious Case Reviews (SCRs) have shown how poor information sharing has contributed to the deaths or serious injuries of children.

Fears about sharing information cannot be allowed to stand in the way of the need to promote the welfare and protect the safety of children.

To ensure effective safeguarding arrangements:

- All organisations should have arrangements in place which set out clearly the processes and the principles for sharing information between each other, with other professionals and with the LSCB. No professional should assume that someone else will pass on information which they think may be critical to keeping a child safe.
- If a professional has concerns about a child's welfare and believes they are suffering or likely to suffer harm, then they should share the information with the local authority children's social care.
- Information sharing advice for practitioners providing safeguarding services to children, parents and carers (2015) supports frontline practitioners, working in child or adult services, who have to make decisions about sharing personal information on a case by case basis.

The advice includes the seven golden rules for sharing information effectively and can be used to supplement local guidance and encourage good practice in information sharing.

Information sharing guidance is available on [Gov.uk](https://www.gov.uk)

Seven Golden Rules for Information Sharing

1. **Remember that the Data Protection Act is not a barrier to sharing information** but provides a framework to ensure that personal information about living persons is shared appropriately.
2. **Be open and honest** with the person (and / or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. **Seek advice** if you are in any doubt, without disclosing the identity of the person where possible.
4. **Share with consent where appropriate** and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.
5. **Consider safety and well-being:** Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.
6. **Necessary, proportionate, relevant, accurate, timely and secure:** Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
7. **Keep a record** of your decision and the reasons for it - whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

How to make a referral

Advice and support on how to meet the needs of a child at level 2 or 3 can be obtained from the Early Help team on 0151 443 4707.

Level 3 Family Support

For children and families with multiple, complex needs requiring multi-agency, co-ordinated support at Level 3 you must complete a **Multi-Agency Referral Form (MARF)**, which can be found at www.knowsleyscb.org.uk/

Following allocation, a Team Around the Family (TAF) meeting will be convened by a Lead Professional from Family First 0-18 Service (or other appropriate service) who will undertake an Early Help Assessment taking into account the needs of the whole family and oversee a multi-agency action plan with regular reviews.

Child in Need

To make a referral for a child in need you must complete a **Multi-Agency Referral Form (MARF)**.

It is important that parental consent is obtained when making a referral for a child in need. However, consent is not required for a safeguarding referral.

Following a referral a specialist assessment known as A Child & Family Assessment will be undertaken by a social worker to identify the specific needs of the child and to ensure that there is a co-ordinated response by relevant services.

In the case of a dispute about the response to need, agencies should refer to their own safeguarding escalation procedure.

Child Protection Concerns

Where there is reason to suspect a child is suffering, or likely to suffer, significant harm because of abuse or neglect, under Section 47 of The Children Act (1989) the Local Authority Children's Social Care Service must make enquiries and decide if any action must be taken to protect the child.

To make a referral for a child in need of protection you must complete a **Multi-Agency Referral Form (MARF)**.

If you have concerns about a child who may be at immediate need of protection please contact MASH on 0151 443 2600 and the Police on 999. This must be followed up with a **Multi Agency Referral Form (MARF)** within 48 hours.

For further information or guidance about thresholds see **Appendix 2: Thresholds of Need Indicators**.



Important factors to consider when requesting advice or support

When deciding to ask for advice or support it is useful to consider:

1. What support or interventions can your organisation offer? Could this meet the needs of the child and their family, or is help needed from another agency? What additional support or intervention is needed to help protect them?
2. What is life like for this child and their family? What are the child's wishes and feelings?
3. What are the parents or carer's feelings towards the situation? To what extent do they understand that they need help and support?
4. What are the child's and family's strengths? Can these be used to help the situation?
5. What support or intervention has been offered previously? Do these make a difference? If not, why not?

If you have a non-urgent concern, it is important to talk to other professionals connected to the child and their family, to help you decide on the best way to meet their needs. If you are a professional working with the child and their family, and you are unsure about the level of need, you should speak to your safeguarding lead within your organisation. Where there is a concern about an unborn baby, a referral should be made to MASH.

Professionals in all organisations have a responsibility to refer a child to Children's Social Care if:

- there are serious concerns about the child's wellbeing
- the child is suffering significant harm

This is only a guide - individual cases need judgement and when in doubt contact your local Named or Designated Safeguarding Professional.

Important factors to consider when making a referral

Previous information such as chronology, the most recent assessments, plans and reviews should be used to support and evidence the appropriateness of the referral.

If a request is accepted, organisations will carry out an appropriate assessment. If appropriate, a multi agency plan will be formulated to provide the required level of support.

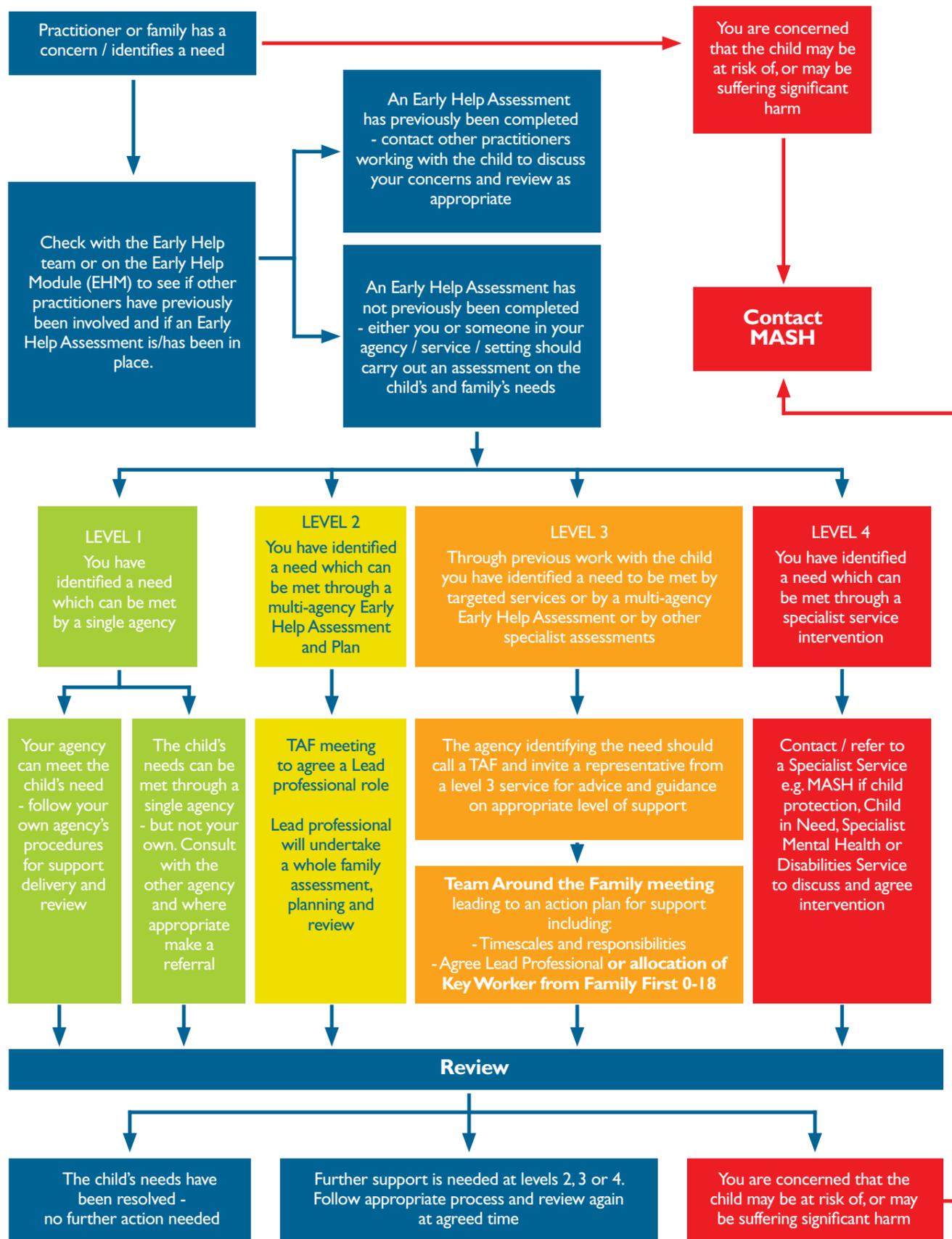
If a request does not meet an organisations threshold, they will provide information about suitable alternative resources that might help, and if appropriate, signpost the request on to other services.

For further information or guidance about thresholds see **Appendix 2: Thresholds of Need Indicators.**



Professionals working with children should make referrals in partnership with parents or carers by involving them and working with them - unless this is likely to cause more risk to the child.

Process of effective support



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Appendix I

Some good practice examples

Every case is different and should be treated as such. This guide includes some case examples which help to illustrate how we can all support families across their levels of need

Example of a family using Universal Services (Level I) in Knowsley

What are we worried about?	Sean is 14 and he has moved to Knowsley with his parents Terry and Sue. They have moved from Ireland because mum has a new job in Knowsley. Sean is worried because he doesn't know anyone in Knowsley.
What is going well?	Sean gets on well with his parents and has a good relationship with them. Sean is normally quite a confident and outgoing child. He had lots of friends in Ireland.
What needs to happen?	Sean would like to be able to go to school to meet other young people and to know where to go to have his health needs met.
Next steps	Mum and dad sit down with Sean to look at what schools he would like to attend. The family register with a doctor and a dentist. Sean used the Knowsley Information Service website to find a local youth club to see if he can meet some other young people of his age.
3 months later...	Sean is now registered with a doctor and a dentist and he has started school. Sean also went to some drop in sessions at "The Youthy" in Huyton; he found that this really helped him to meet other young people.

Example of a family using Universal Services Plus (Level 2) in Knowsley

What are we worried about?	<p>Kyle is 6 and he has 2 brothers; Zak, who is 4 and Kieran who is 3. They live with their mum (Amy). Zak and Kieran go to nursery for a few hours a week and Kyle goes to school.</p> <p>The head teacher at the school asked to speak to mum as they were worried about Kyle's behaviour. Kyle has been calling some of the other children names and hitting them.</p> <p>When the teacher told mum what was happening she shared her worries.</p> <p>Mum feels that she can't cope with the boy's behaviour at home; she cannot get them to go to bed, is struggling to get them to eat properly and worries that when it gets on top of her she shouts at the children. She is also worried about Kieran as his speech doesn't seem to have developed as much as other children in his nursery and he finds it difficult to communicate.</p>
What is going well?	<p>Amy loves her children and tells them so regularly.</p> <p>She tries to give the boys a good diet, she includes lots of fruit and vegetables in their diet, however, they are reluctant to eat them.</p> <p>She wants to have help with her parenting of the children.</p> <p>Kyle, Zak and Kieran have a good relationship with their grandparents.</p>
What needs to happen?	<p>Kyle, Zak and Kieran need to have good relationships in school and nursery to be able to make friends.</p> <p>Kyle, Zak and Kieran need to have consistent parenting from mum as when she is shouting at them it can feel very scary.</p>
Next steps	<p>The head teacher sat down with Kyle and talked to him about his worries, the good things in his life and his dreams.</p> <p>The health visitor completed an Early Help Assessment with mum and made a referral to a speech and language therapist.</p> <p>The health visitor, head teacher, mum and the children's grandparents met together at a Team Around the Family (TAF) meeting and made a Family Support Plan. They agreed that the grandparents would come in twice a week to help mum with the children. The health visitor also found a parenting course that would give mum some more skills and techniques to help her with the boys.</p>
3 months later...	<p>Mum and the professionals are still working together with the Family Support Plan in place. Mum has set goals that she wanted to achieve which included having a bedtime routine for the children and this is going well. The head teacher has seen some improvement in Kyle's behaviour at school and Kieran is attending his speech and language therapy.</p>

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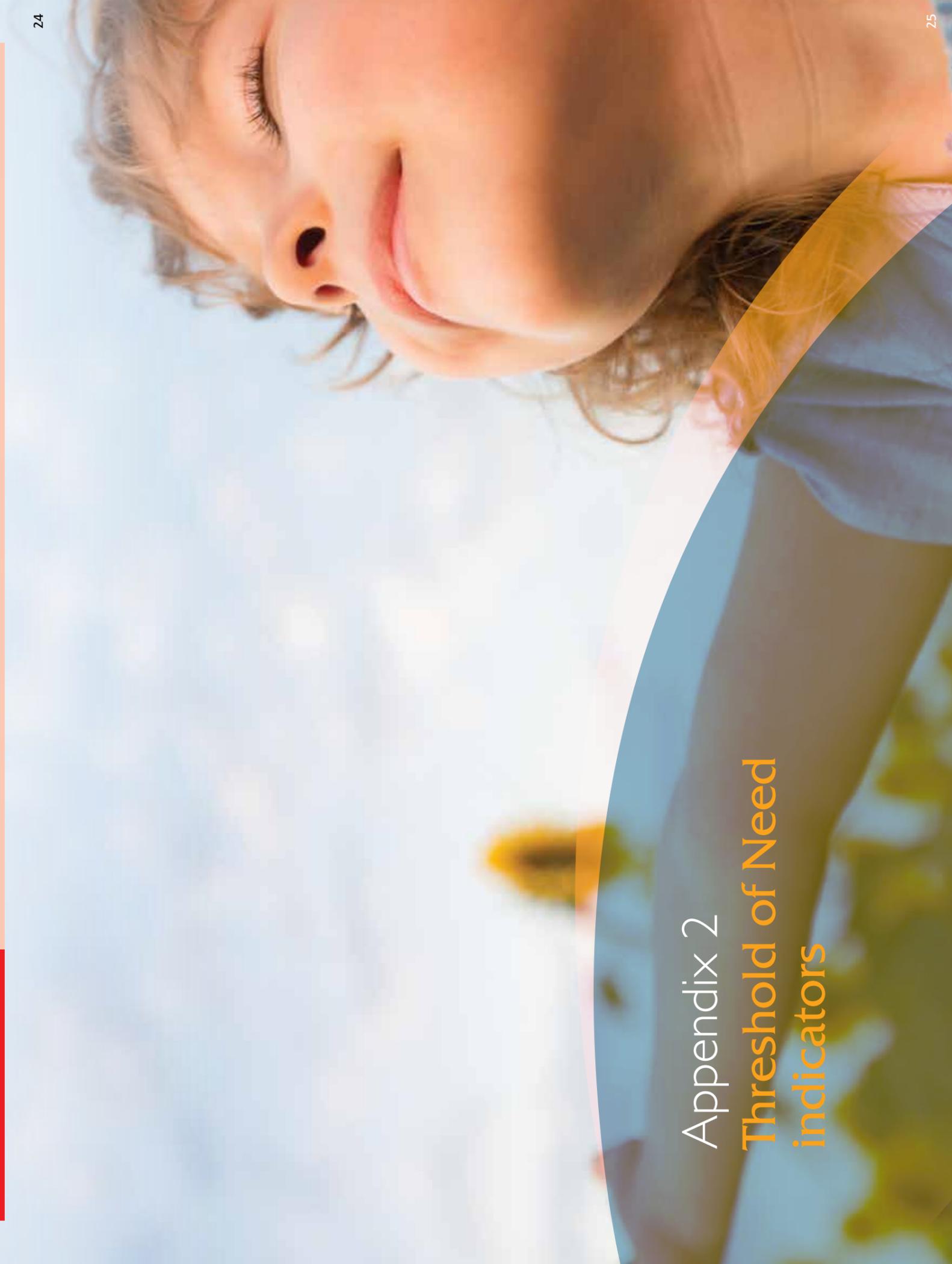
Example of a family with Multiple Complex Needs (Level 3) in Knowsley

What are we worried about?	<p>Luke is 10 and his school attendance is at 58%, he says he is frightened to go to school as he has to look after his mum. Erin is 7 and is quiet and withdrawn, school report that her attendance is 80% and she is not meeting her age related expectations. Callum is 2, he has missed some of his health appointments and spends all day at home with Mum. Daisy is 6 months old and her health visitor reports that she has not attended clinic or had any developmental checks or immunisations.</p> <p>Mum (Kerry) is 28 and has an off / on relationship with the children's father (Luke Snr). Neither mum or dad is in employment. Dad has a history of drug and alcohol misuse and has served a prison sentence for this in the past. Mum reports that she is low in mood and doesn't get out of the house very often. There have been a number of Police call outs to the family home for domestic abuse incidents these have all been rated as Bronze or Silver. Mum has never followed through with a prosecution against dad. Mum is willing to accept support.</p>
What is going well?	<p>Kerry is willing and eager to engage with support services.</p> <p>She has extended family who live close by and often support her with the children.</p> <p>She has acted appropriately in the past and called the Police following a domestic abuse incident.</p>
What needs to happen?	<p>Luke and Erin's attendance needs to improve.</p> <p>Luke and Erin need to explore their feelings in a safe environment.</p> <p>Callum needs to access Nursery provision.</p> <p>Callum and Daisy need to access outstanding health appointments.</p> <p>Mum requires support in relation to her mental health and domestic abuse.</p> <p>Dad needs support in relation to substance misuse.</p>
Next steps	<p>A Case Manager has spent time with the family to build up a positive relationship, to understand their needs and strengths. She has completed an Early Help Assessment in partnership with School, Health, CR1, Parents and Maternal Grandparents. The family have developed their plan and the individuals who will help them to achieve their goals.</p> <p>Callum gained a place on the 2 year early education offer.</p> <p>Luke and Erin's school have put additional support in to do some 1:1 work with them around their wishes and feelings.</p> <p>Mum has been referred to Freedom Programme and has accessed her GP for support with her mental health.</p>
3 months later...	<p>The plan is still in place although some tasks have been achieved. Mum is now on anti-depressants and is finding it easier to cope. Maternal Grandparents are providing more support to mum. Luke's attendance has improved to 80%. However, there has been a further domestic abuse incident, mum did act appropriately to safeguard the children and has ended the relationship with dad. Mum attends Freedom weekly. Work will continue to address outstanding tasks. Mum is beginning to attend the local Children's Centre with her youngest daughter Daisy.</p>

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<p>What are we worried about?</p>	<p>Leah is 8 years old and lives with her brothers, Ben who is 13 and Bobby who is 3 months old. They live with their mum (Hannah) and their dad (Tony). Today in school Leah told her teacher that she is worried about her brother Ben. Ben and mum have been arguing lots and Ben has been going to stay with his boyfriend Stephen. Leah does not like Stephen as he is a lot older than Ben. The school contacted mum who said that she is worried about Ben's relationship with Stephen, who is 18. Ben has been seeing Stephen for about 3 months but when she tries to talk to Ben about Stephen he just gets really angry and storms off. He has also been absent from school on a number of occasions.</p>
<p>What is going well?</p>	<p>Hannah loves and cares about all her children and wants to work with services to keep them safe. Leah is doing well in her studies at school and has good school attendance. Mum has a good relationship with her health visitor and there are no worries about Bobby's physical development. Mum has said that she would like to have some help with Ben as she is worried about him.</p>
<p>What needs to happen?</p>	<p>We need to know that Ben is safe. We need to speak with Ben and let him know that his mum and the professionals are worried about him spending time with his boyfriend who is an adult. Leah would like to live in a house with no arguments where she does not have to worry about her brother.</p>
<p>Next steps</p>	<p>Ben is at risk of significant harm. A child of 13 in a possible sexual relationship with an adult requires a Section 47 enquiry. The decision is made to hold a strategy meeting with the Police to agree a plan of assessment and investigation.</p>
<p>3 months later...</p>	<p>The Police and Social Services investigated and Stephen was arrested. Ben was very angry with his family and the professionals as he did not feel that he was at risk. A Child Protection Conference was held and Ben was made subject to a Child Protection Plan. Mum and dad were very worried about Ben but were also worried about the Child Protection Conference as they thought that Social Services would want to take Ben away. It was agreed at the conference that Ben would be referred to a key worker who is trained to work with young people who are victims of Child Sexual Exploitation (CSE). With the support of his family, his key worker and the other professionals Ben was able to stop contact with the people who he used to hang around with when he was with Stephen. Ben has started to go to school more often and there are less arguments at home. The whole family are having support from their Social Worker and other professionals in their network.</p>

Appendix 2 Threshold of Need indicators



Threshold of Need indicators

Factors relating to the child

Child's Development Needs	Level 1	Level 2	Level 3	Level 4
Learning, Education & Employment	<ul style="list-style-type: none"> Achieving key stages and full potential Good attendance at nursery / school / college / training Demonstrates a range of skills / interests No barriers to learning Access to play / books Enjoys participating in educational activities / schools 	<ul style="list-style-type: none"> Is regularly late for school / occasional absentee / parents condone absences Not reaching educational potential or reaching expected levels of attainment Needs additional support in school Identified language and communication difficulties Elective Home Education 	<ul style="list-style-type: none"> Short-term exclusion, persistent absentee or poor school attendance Previous permanent exclusions Persistent 'Not in Education, Employment or Training (NEET)' / this could be as a result of compromised parenting Alienates self from school and peers through extremes of behaviour 	<ul style="list-style-type: none"> No education provision (dependent on the reason) Permanently excluded from school History of previous exclusions Educational neglect
Physical Health	<ul style="list-style-type: none"> Health needs are being met by universal services Physically healthy Ante-natal health needs are being met Up to date immunisations and developmental checks Adequate nutritious diet 	<ul style="list-style-type: none"> Slow to reach developmental milestones Missing health checks / routine appointments / immunisations including ante-natal care Persistent minor health problems Basic care is sometimes not provided Concerns about developmental status i.e. speech and language problems Child with long term conditions e.g. asthma, diabetes, cystic fibrosis 	<ul style="list-style-type: none"> Child who is consistently failing to reach their developmental milestones Failure to access medical attention for health chronic / recurring health needs Basic care is not consistently provided e.g. food warmth and other basics are not always available Concerns about diet / hygiene / clothing give indication of neglect which requires action Many visits to A&E or Walk in Centre with an accumulation of injuries or accidents which on an individual level have a satisfactory explanation, but together may indicate an underlying issue Teenage pregnancy where a multi-agency response is indicated 	<ul style="list-style-type: none"> Significant development delay due to neglect / poor parenting Clear allegation of harm and / or disclosure of harm Suffering or at risk of suffering serious physical, emotional or sexual harm or neglect Failure to access medical attention for chronic / recurring health problems despite support and advice - including severe obesity and dental decay Disability requiring the highest level of support (if threshold for CWD Team is met) Teenage pregnancy in child under 14 years Fabricated or Induced Illness (FI) - remember not to disclose concerns to parent / carer until risk assessment undertaken as part of local health protocol

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Substance / Alcohol Misuse	<ul style="list-style-type: none"> No misuse of substances 	<ul style="list-style-type: none"> Some concern about substance misuse Is experimenting with drugs and alcohol 	<ul style="list-style-type: none"> Problematic substance misuse (drugs and alcohol) / links to risk taking behaviour Hazardous substance misuse (including alcohol) 	<ul style="list-style-type: none"> Persistent and significant substance misuse (alcohol and drugs) Endangers own life through self-harm / substance misuse including alcohol / eating disorders / suicide attempts whilst under the influence of substances
Behaviour and Relationships at Home	<ul style="list-style-type: none"> Stable & affectionate relationships with care givers Good relationships with siblings Positive relationships with peers 	<ul style="list-style-type: none"> Lack of positive role models Some support from family and friends Some difficulties sustaining relationships Undertaking some caring responsibilities Child of a teenage parent Low parental aspirations 	<ul style="list-style-type: none"> Regularly needed to care for another family member and may be a "young carer" Involved in conflicts with peers / siblings Has concerning relationships with older people Relationship with family is experienced as negative, critical or rejecting Is socially isolated and lacks appropriate role models Exposure to violent behaviours in the home Starting to demonstrate violence and aggression within the home Recurrent short term episodes of going missing from home 	<ul style="list-style-type: none"> Persistent exposure to violent behaviours within the home Experiences persistent discrimination Socially isolated and lacking appropriate role models Poor self-worth that results in extreme behaviours towards themselves and others Alienates self from others Distorted self-image Demonstrates extremist views Unaccompanied asylum seeker Severe lack of age appropriate behaviour and independent living skills likely to result in harm Is known to be abusive or violent towards parents or other family members
Emotional Mental Health and Confidence	<ul style="list-style-type: none"> Good quality early attachments Confident in social situations Able to adapt to change Able to demonstrate empathy Age appropriate sexual activity or behaviours Positive sense of self and abilities Demonstrates feelings of belonging and acceptance Has an ability to express needs verbally and non-verbally 	<ul style="list-style-type: none"> Low level mental health or emotional issues requiring intervention Poor self-esteem Starting to be involved in sexual activity or experimentation (under 16 years) Signs of deteriorating mental health of child including self-harm Issues such as poor bonding / attachment with parent / carer may indicate emotional neglect Personal hygiene starting to be a problem lack of consistent adequate age appropriate self-care 	<ul style="list-style-type: none"> Difficulty coping with anger, frustration and upset Significant attachment difficulties Inappropriate sexualised behaviour for age of child (see Brook Traffic Light tool) Known or suspected self-harm Difficulty coping with emotions / unable to display empathy Early onset of sexual activity (13-14 years) Puts self or others in danger Self-image is distorted and may demonstrate fear of persecution 	<ul style="list-style-type: none"> Sexual activity under the age of 13 years Conception to a child under the age of 14 years Displaying sexually harmful behaviours (see Sexually Harmful Behaviour protocol) Subject to a section under the Mental Health Act / diagnosed mental health issues which places themselves or others at risk At risk of Child Sexual Exploitation / abuse Known to be in a sexually exploitative relationship

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				<ul style="list-style-type: none"> Starting to display possible risk of CSE e.g. secretive, access to money and gifts, missing from home Smearing of faeces Unexplained fainting (may be an indication of emotional distress) 	<ul style="list-style-type: none"> Subject to physical, emotional or sexual abuse / neglect Female genital mutilation Forced marriage of a minor
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NB: The presence of one factor at level 4 may not automatically require a referral to Children's Social Care if the other concerns are at a lower level of need. However, the cumulative effect of lower level factors may indicate a higher level of need and professional judgment will need to be applied in such cases. Advice can be sought from the social work team in MASH.

Factors relating to Parents and Carers

Parents and Carers	Level 1	Level 2	Level 3	Level 4
Crime and Anti-Social Behaviour	<ul style="list-style-type: none"> No issues or involvement in crime or anti-social behaviour 	<ul style="list-style-type: none"> May experience bullying around perceived difference / bully others A victim of crime Involved in behaviour that is seen as anti-social 	<ul style="list-style-type: none"> Subject to persistent discrimination Extremist views that places self or others at risk Offending or regular anti-social behaviour 	<ul style="list-style-type: none"> Regularly involved in anti-social / criminal activities Failure or rejection to address serious (re)offending / antisocial behaviour Prosecution for offences which results in a custodial sentence Puts self or others in danger Participates in gang activity / involved with serious or organised crime
Parenting Skills	<ul style="list-style-type: none"> Child's physical needs are met (food, drink, clothing, medical and dental) Carers able to protect children from danger or harm The child is shown warm regard, praise and encouragement The child has secure relationship which provides consistency of warmth over time 	<ul style="list-style-type: none"> Parental engagement with services is poor Parent requires advice on parenting issues Basic care not consistently provided e.g. non-treatment of minor health problems Inconsistent parenting but development not significantly impaired Child perceived to be a problem by parents or carers experiencing criticism and a lack of warmth 	<ul style="list-style-type: none"> Parent / carer is struggling or is unable to provide adequate care / basic care's frequently inconsistent Significant concern about prospective parenting ability, resulting in the need for a pre-birth assessment Parents have previous history of struggling to care for child or sibling / children previously subject to a child protection plan / looked after Level of supervision does not provide sufficient protection for a child 	<ul style="list-style-type: none"> Parent / carers is unable to provide consistent parenting that is adequate (good enough) and safe Parents have abused / neglected the child Previous child(ren) has been removed from parent's care Parents do not recognise or accept danger and protect child from harm Persistent use of inappropriate care-givers

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Adult Health - Physical and Emotional	<ul style="list-style-type: none"> There may be low level post natal depression but support is accessed via universal services Parents / Carers health is good and needs are being met by universal provision 	<ul style="list-style-type: none"> Post-natal depression affecting parenting ability Parent or carer may be experiencing parenting difficulties due to mental or physical health difficulties Parents struggle to have their own emotional needs met 	<ul style="list-style-type: none"> Parents learning disability, substance misuse (alcohol and drugs) or mental health negatively impacts on parent's ability to meet the needs of the child 	<ul style="list-style-type: none"> Parent's own learning disability / mental health / substance misuse significantly affects their ability to provide adequate and safe care Family members have physical or mental health needs which place the child at risk of harm
Substance / Alcohol Misuse	<ul style="list-style-type: none"> No misuse of alcohol or substances 	<ul style="list-style-type: none"> Professionals beginning to have some concerns about substance misuse (alcohol and drugs) by adults within the home 	<ul style="list-style-type: none"> Parents / Carers misuse of substances and / or alcohol is beginning to impact on the care provided to their children 	<ul style="list-style-type: none"> Serious substance / alcohol or illegal drug use having a detrimental effect on family relationships and parenting capacity Not motivated to engage in recovery services Misuse of substances is having a significant impact on the ability to provide for children's physical and emotional needs which may constitute neglect
Relationships including Domestic Abuse	<ul style="list-style-type: none"> Good supportive relationship within family (including with separated parents and in times of crisis) The family have good and appropriate social and friendship networks 	<ul style="list-style-type: none"> Parents have relationship difficulties which may affect the child Experienced loss of significant adult Some support from family and friends Family known to have experienced domestic abuse incidents Adequate universal resources but family may have difficulty gaining access to them 	<ul style="list-style-type: none"> Evidence of domestic abuse Acrimonious divorce / separation Family characterised by conflict and serious chronic relationship problems Family is socially isolated / excluded Parents / carers do not access or there is significantly poor access to local facilities Has poor relationship/s with extended family 	<ul style="list-style-type: none"> Family life is chaotic and there is significant and persistent parental or carer discord / domestic abuse / honour based violence / forced marriage Re-occurring / frequent attendances by the police to the family home Parents are in prison and there are no family / friends to care for the child
Housing and Living Conditions	<ul style="list-style-type: none"> Accommodation has basic amenities / appropriate facilities Appropriate levels of hygiene / cleanliness are maintained 	<ul style="list-style-type: none"> Inadequate / poor housing At risk of homelessness Child from asylum seeking or refugee Family may be new to the area 	<ul style="list-style-type: none"> Statutorily overcrowded / temporary accommodation / family are homeless Prosecution / eviction proceedings Home in poor state of repair; deemed unfit for habitation 	<ul style="list-style-type: none"> Physical accommodation places child in danger No fixed abode or homeless

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Finance / Debt Issues	<ul style="list-style-type: none"> Families may be affected by low income or unemployment but are accessing support 	<ul style="list-style-type: none"> Family affected by low income or unemployment and may need assistance in accessing support 	<ul style="list-style-type: none"> Serious debt / poverty impacting on ability to care for the child Gambling 	<ul style="list-style-type: none"> Chronic unemployment due to significant lack of basic skills or long standing issues such as substance misuse / offending, etc Extreme poverty / debt impacting on ability to care for child Household income is used to fund parent or carers own prioritised needs (e.g. substance misuse / gambling) leading to significant neglect of the child
Employment, Training & Learning	<ul style="list-style-type: none"> Parents / carers are in employment or training 	<ul style="list-style-type: none"> Parents find it difficult to find employment due to basic skills or long term difficulties May have recently been made redundant or between jobs No realistic opportunity to take on work in the near future due to commitments as a carer. Would consider longer-term opportunities though 	<ul style="list-style-type: none"> Parents find it difficult to find employment due to basic skills or long term difficulties Moderately motivated to work but not been in work, training or education for one year or more Opportunities limited due to lack of qualification, skills or experience Low confidence and expectation causing poor motivation 	<ul style="list-style-type: none"> No significant employment history for many years No motivation to work Subject to benefit sanction due to non-compliance with work programme Other sources of income possibly from illegitimate sources compound lack of motivation
Crime and Anti-Social Behaviour	<ul style="list-style-type: none"> Community is generally supportive Positive activities are available and accessed 	<ul style="list-style-type: none"> Some exposure to dangerous situations in home / community Victimisation by others impacts on child Can behave in an anti-social way 	<ul style="list-style-type: none"> Parental involvement in crime Lack of community support / tolerance or hostility towards the child or family Victimisation by others places child and family at risk 	<ul style="list-style-type: none"> Substantial multiple problems preventing the family / child from engaging with services / non-engagement with services Parents / carers involved in criminal activity

NB: The presence of one factor at level 4 may not automatically require a referral to Children's Social Care if the other concerns are at a lower level of need. However, the cumulative effect of lower level factors may indicate a higher level of need and professional judgment will need to be applied in such cases. Advice can be sought from the social work team in MASH.



Appendix 3 Disability Needs matrix

Severity / Outcomes	Low Level of Need	Moderate Level of Need	High Level of Need	
Be Healthy: <ul style="list-style-type: none"> • Nature of disability • Dependency • Demand on Carer 	Child needs routine medical checks only and requires no or minimal nursing care / support / treatment	Child has unstable health and needs regular nursing care and support and / or complex medical care	Child has a life limiting condition and requires daily nursing care and support and / or regular admissions to hospital	
	Child uses specialist equipment that does not require operational assistance	Child uses specialist equipment that needs operational assistance	Daily use of specialist equipment by child that needs operational assistance	
	Child has minimal therapy needs	Child has a planned programme of therapy	Child requires an intense therapy programme	
	Child requires minimal help with personal care	Child needs daily support with basic self care functions e.g. eating, toileting, washing, dressing	Child is totally dependent on others for all basic self care functions e.g. eating, toileting, washing, dressing	
	Child is independently mobile	Child requires help with mobility and lifting	Child requires specialist aids for mobility	
	Child has some awareness of dangers and is able to function independently in the environment	Child has limited awareness of dangers and needs help to function in the environment	Child has no awareness of dangers and is dependent on others to function in the environment	
	Carer has no physical / mental health problems	Carer has some physical / mental health problems affecting ability to care	Carer has severe physical / mental health problems which have major implications for caring role	
	Low level of risk to health / safety of carer	Moderate level of risk to health / safety of carer	High level of risk to health / safety of carer	
	Stay Safe: <ul style="list-style-type: none"> • Behaviour • Family dynamics • Support Networks • Environment 	Child requires supervision in some circumstances	Child requires continual supervision throughout the day and occasionally at night	Child requires constant monitoring / supervision both during the day and at night
		Behaviour is not a risk to self or others (including self harm) and requires minimal management	Behaviour is a moderate risk to self or others (including self harm) and requires some input to manage	Behaviour is a serious risk to self or others (including self harm) and requires structured behaviour management programme
There are no difficulties in relationships with peers or siblings		There are stressful family relationships and / or some difficulties in relationships with peers	There are potentially harmful conflicts with siblings and significant difficulties in relationships with peers	
No child protection issues		Child has been subject to Section 47 enquiries / Child in Need Plan	Child has been placed on the Child Protection Register and has a Child Protection Plan	

Severity / Outcomes	Low Level of Need	Moderate Level of Need	High Level of Need
	<p>Child is only person in household with disabilities</p> <p>More than one carer</p> <p>There are no pressures in the family other than caring for child</p> <p>Where the child lives is a safe environment</p> <p>There is no risk of the child's placement breaking down</p> <p>Child attends a unit in mainstream school, special school in the borough or college</p> <p>Child needs support to pursue interests and activities</p> <p>Child is confident and shows some understanding of risk situations</p> <p>Child requires minimal support with communication</p> <p>There are no difficulties in relationships with peers or siblings</p> <p>Child can adapt to different situations with support</p> <p>Child able to express their views with support</p>	<p>One other person with disabilities who needs some support in household</p> <p>Sole carer but has a support network</p> <p>There are some other pressures in the family</p> <p>There is sometimes a risk for the child because of the physical environment</p> <p>There is some risk of the child's placement breaking down</p> <p>Child attends a special school in the borough with additional support or an out of borough placement</p> <p>Child needs :! support to pursue inclusive interests and activities or requires specialised activities</p> <p>Child lacks confidence and is vulnerable to exploitation and bullying</p> <p>Child has significant communication difficulties</p> <p>There are stressful family relationships and / or some difficulties in relationships with peers</p> <p>Child needs to be prepared in advance for a change in routine</p> <p>Child needs specialist support in order to express their views</p>	<p>More than one other person in household with disabilities who needs some support</p> <p>Sole carer with no support network</p> <p>There are complex family problems e.g. domestic violence, frequent changes in household, substance misuse</p> <p>Where the child lives is not safe because of the physical environment</p> <p>There is a high risk of the child's placement breaking down</p> <p>Child attends a complex needs out of borough placement with specialised package of support</p> <p>Child can only pursue specialised activities with support</p> <p>Child has very limited understanding of risk situations and is extremely vulnerable</p> <p>Child needs a skilled person to interpret communication</p> <p>There is potentially harmful conflict with siblings and / or significant difficulties in relationships with peers</p> <p>Child becomes extremely distressed following any small change to daily routine</p> <p>Child has extremely limited ability to express views even with support</p>
<p>Enjoy and Achieve:</p> <ul style="list-style-type: none"> • School • Hobbies <p>Make a Positive Contribution:</p> <ul style="list-style-type: none"> • Risky Behaviour • Friendships • Communication 			

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Severity / Outcomes	Low Level of Need	Moderate Level of Need	High Level of Need
<p>Economic Wellbeing:</p> <ul style="list-style-type: none"> • Finance • Housing • Transport 	<p>The family are receiving all financial entitlements</p> <p>The family's accommodation is suitable and needs no adaptation</p> <p>The child qualifies for low / medium rate DLA</p> <p>The child will need support to continue in education, employment or training</p>	<p>The family needs to budget carefully to meet financial commitments</p> <p>The family's accommodation is not totally suitable but does not need adaptation</p> <p>The child qualifies for higher level DLA both for care and mobility</p> <p>The child will need individual support to continue in education, employment or training</p>	<p>The family is on a low income and has financial problems</p> <p>The family's accommodation needs adaptation to meet the needs of the child</p> <p>The child qualifies for higher level mobility DLA and needs a specially designed vehicle</p> <p>The child will need a specialist adult care package</p>

Overall assessment of need	Description
LOW	Need can be met by community based universal and / or preventive services
MODERATE	Child would not have a reasonable standard of health and welfare due to a significant disability without the provision of specialist services
HIGH	Child has complex care needs requiring the input of specialist services

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Allocation of resources

Level of need	Criteria, including risk factors	Desired outcomes of service	Examples of services that might appropriately be provided at this level
LOW	<ul style="list-style-type: none"> Child needs routine medical checks only and requires no or minimal nursing care / support / treatment Child uses specialist equipment that does not require operational assistance Child has minimal therapy needs Child requires minimal help with personal care Child is independently mobile Child has some awareness of dangers and is able to function independently in the environment Carer has no physical / mental health problems Low level of risk to health / safety of carer Child requires supervision in some circumstances Behaviour is not a risk to self or others (including self harm) and requires minimal management There are no difficulties in relationships with peers or siblings No child protection issues Child is only person in household with disabilities More than one carer There are no pressures in the family other than caring for child Where the child lives is a safe environment There is no risk of the child's placement breaking down Child attends a unit in mainstream school, special school in the borough or College Child needs support to pursue interests and activities Child is confident and shows some understanding of risk situations Child requires minimal support with communication There are no difficulties in relationships with peers or siblings Child can adapt to different situations with support Child able to express their views with support The family are receiving all financial entitlements The family's accommodation is suitable and needs no adaptation The child qualifies for low / medium rate DLA The child will need support to continue in education, employment or training 	<p>Promotion of child's health</p> <p>Maintain a satisfactory level of personal care</p> <p>Safeguarding the child against abuse or neglect</p> <p>Prevent breakdown of family or social networks</p> <p>Live in a safe home environment</p> <p>Promotion of social inclusion</p>	<ul style="list-style-type: none"> Information about community facilities Supported access to community facilities Referral to community organisations for support in the home Referral for occasional day and evening support within the community Short term social work input on specific issues e.g. newly diagnosed / transition Signposting to other agencies for advice regarding issues such as allowances, housing and carer support groups

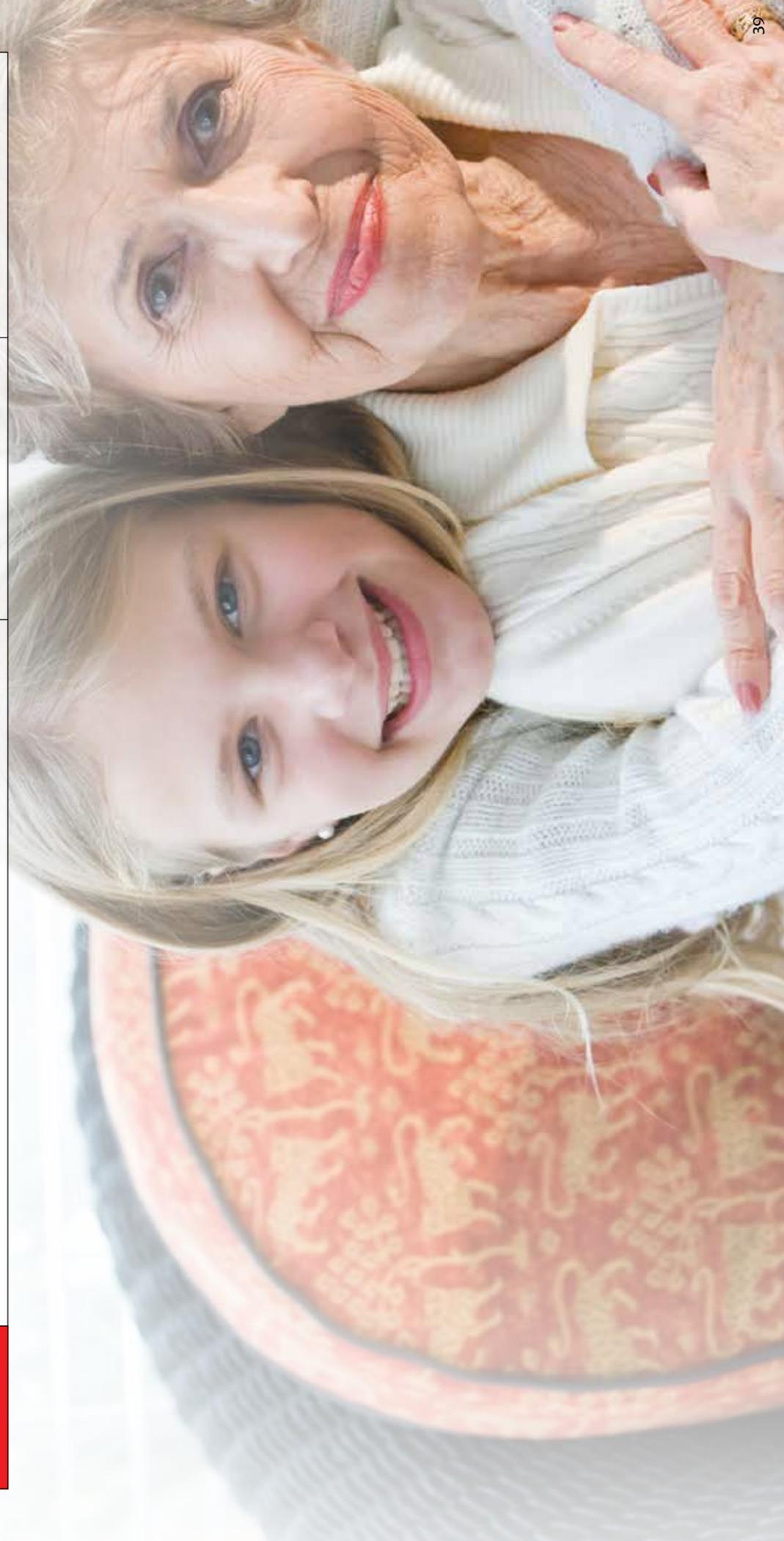
36

Level of need	Criteria, including risk factors	Desired outcomes of service	Examples of services that might appropriately be provided at this level
MODERATE	<ul style="list-style-type: none"> Child has unstable health and needs regular nursing care and support and / or complex medical care Child uses specialist equipment that needs operational assistance Child has a planned programme of therapy Child needs daily support with basic self care functions e.g. eating, toileting, washing, dressing Child requires help with mobility and lifting Child has limited awareness of dangers and needs help to function in the environment Carer has some physical / mental health problems affecting ability to care Moderate level of risk to health / safety of carer Child requires continual supervision throughout the day and occasionally at night Behaviour is a moderate risk to self or others (including self harm) and requires some input to manage There are stressful family relationships and / or some difficulties in relationships with peers Child has been subject to Section 47 enquiries / Child in Need Plan One other person with disabilities who needs some support in household Sole carer but has a support network There are some other pressures in the family There is sometimes risk for the child because of the physical environment There is some risk of the child's placement breaking down Child attends a special school in the borough with additional support or a specialised out of borough placement Child needs 1:1 support to pursue inclusive interests and activities Child lacks confidence and is vulnerable to exploitation and bullying Child has significant communication difficulties There are stressful family relationships and / or some difficulties in relationships with peers Child needs to be prepared in advance for a change in routine Child needs specialist support in order to express their views The family needs to budget carefully to meet financial commitments The family's accommodation is not totally suitable but does not need adaptation The child qualifies for higher level DLA both for care and mobility The child will need individual support to continue in education, employment or training 	<p>Promotion of child's health</p> <p>Maintain a satisfactory level of personal care</p> <p>Safeguarding the child against abuse or neglect</p> <p>Support parents / carers in looking after child</p> <p>Prevent family breakdown or breakdown of social networks</p> <p>Live in a safe home environment</p> <p>Promotion of child's interests and social networks</p> <p>Promotion of social inclusion</p>	<ul style="list-style-type: none"> Information about community facilities Supported access to community facilities Regular day and evening support within the community Short term social work input on specific issues e.g. newly diagnosed / transition Outreach support from community support workers Basic level direct payments Occasional overnight stays up to 43 nights a year

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Level of need	Criteria, including risk factors	Desired outcomes of service	Examples of services that might appropriately be provided at this level
HIGH	<ul style="list-style-type: none"> Child has life limiting condition and requires daily nursing care and support and / or regular admissions to hospital Daily use of specialist equipment by child that needs operational assistance Child requires intense therapy programme Child is dependent on others for all basic self care functions e.g. eating, toileting, washing, dressing Child requires specialist aids for mobility Child has no awareness of dangers and is dependent on others to function in the environment Carer has severe physical / mental health problems which have major implications for caring role High level of risk to health / safety of carer Child requires constant monitoring / supervision both during the day and at night Behaviour is a serious risk to self or others (including self harm) and requires structured behaviour management programme There is potentially harmful conflict with siblings and significant difficulties in relationships with peers Child has been placed on Child Protection Register and has a Child Protection Plan More than one other person in household with disabilities who needs some support Sole carer with no support network There are complex family problems e.g. domestic violence, frequent changes in household, substance misuse Where the child lives is not safe because of the physical environment There is a high risk of the child's placement breaking down Child attends a complex needs out of borough placement with specialised package of support Child can only pursue specialised activities with support Child has very limited understanding of risk situations and is extremely vulnerable Child needs a skilled or familiar person to interpret communication There is potentially harmful conflict with siblings and / or significant difficulties in relationships with peers Child becomes extremely distressed following any small change to daily routine 	<p>Promotion of child's health</p> <p>Maintain a satisfactory level of personal care</p> <p>Safeguarding the child against abuse or neglect</p> <p>Support parents / carers in looking after child</p> <p>Prevent family breakdown or breakdown of social networks</p> <p>Live in a safe home environment</p> <p>Promotion of child's interests and social networks</p> <p>Promotion of social inclusion</p>	<ul style="list-style-type: none"> Information about community facilities Frequent day and evening support within the community Intensive individual social work support Outreach support from community support workers Enhanced level direct payments Regular overnight stays up to 120 nights a year <p>In Exceptional Circumstances:</p> <ul style="list-style-type: none"> Foster placement Residential placement

Level of need	Criteria, including risk factors	Desired outcomes of service	Examples of services that might appropriately be provided at this level
HIGH	<ul style="list-style-type: none"> Child has extremely limited ability to express their views even with support The family is on a low income and has financial problems The family's accommodation needs adaptation to meet the needs of the child The child qualifies for higher level mobility DLA and needs a specially designed vehicle The child will need a specialist adult care package 		



Knowsley Safeguarding Children Board

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